



Montgomery County Department of Housing and Community Affairs  
Division of Housing and Code Enforcement/**Office of Landlord-Tenant Affairs**  
100 Maryland Avenue, 4<sup>th</sup> Floor, Rockville, MD 20850  
Telephone: 240-777-3636; TDD 240-777-3679; FAX: 240-777-3691  
[www.co.mo.md.us/hca](http://www.co.mo.md.us/hca)



Dear Landlord/Tenant:

Attached is a Montgomery County Landlord-Tenant Complaint form. To help us better serve you, please follow these steps when filling out the complaint form:

**A. Fill Out the Form Accurately and Completely**

Please provide a detailed but concise description of the complaint and attach additional pages if needed.

**B. Send a Photocopy of the Completed Complaint Form to the Other Party**

Please wait seven (7) days for him/her to resolve your complaint.

**C. Send the Completed Form to the Office of Landlord-Tenant Affairs**

If, after waiting seven (7) days, the other party has not resolved your complaint, please forward to the Office the completed form and any or all of the following:

- lease agreement (including all addenda);
- correspondence to or from the landlord/tenant;
- receipts for repairs; and
- photographs, videotapes, or other documentation in support of this complaint.

Once the Office receives your complaint, a case file will be opened in your name and assigned to a member of the staff for investigation. You and your landlord/tenant will be notified in writing of the case number and the name and telephone number of the Investigator assigned to your case.

If you have any questions regarding any of the above, please contact the Office at 240-777-3636 or visit our website at [www.co.mo.md.us/hca](http://www.co.mo.md.us/hca).



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### LANDLORD-TENANT COMPLAINT FORM

**PART I: Person(s) Filing the Complaint**

☐ Landlord ☐ Tenant

Mr./Mrs./Ms. \_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

E-mail \_\_\_\_\_

**PART II: Complaint Against**

☐ Landlord ☐ Tenant

Mr./Mrs./Ms. \_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

E-mail \_\_\_\_\_

**PART III: Rental Property**

Check One:

☐ Single-Family (House/ Townhouse)

☐ Multi-Family (Apartment/ Condo)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Name of Complex (if applicable) \_\_\_\_\_

**PART IV: Complaint**

1. Issue (Check one or more): ☐ Security Deposit ☐ Lease ☐ Notice to Vacate ☐ Condition of Property ☐ Other

2. State specific complaint (Attach additional pages if necessary) \_\_\_\_\_

3. State what action(s) will resolve your complaint \_\_\_\_\_

I hereby certify that the statements made on this form and in the attached documents are true and complete to the best of my knowledge, information and belief. (If there is more than one landlord/tenant on the lease, all parties must sign this complaint form.)

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Have you sent a copy of this form to the other party? ☐ Yes ☐ No Date \_\_\_\_\_